

Date: _____ Visit #: _____



PATIENT LABEL

STD CLINIC VISIT QUESTIONNAIRE

Please indicate the reason for your visit today. (check all that apply)

- ☐ I have symptoms. My symptoms are: _____
- ☐ I do not have symptoms:
 - Please mark **one or the other** of the 2 items below (not both):
 - ☐ I don't have any symptoms and I only need lab tests for STDs and/or HIV (no physical exam)*
 - ☐ Even though I don't have any symptoms, I want a physical exam (a doctor or nurse practitioner to check my body to see if anything is abnormal)
- ☐ I want an HIV test today
- ☐ I am here to get STD/HIV test results*
- ☐ Someone from the Health Department told me to come to the STD clinic to:
 - ☐ Be tested for STDs
 - ☐ Be treated for STDs*
 - ☐ Get treated for Genital Wart/Molluscum with Liquid Nitrogen (L.N.)
 - ☐ Get symptoms re-checked
- ☐ Someone I had sex with told me to come to the clinic because they have an STD
- ☐ Vaccination/Immunization (Hepatitis shot)*
- ☐ Immigration Testing*
- ☐ Other: _____

THANK YOU

Staff: for * please use Green Visit Form